## **Ohio Stand-Alone Prescription Drug Plans**

\* The beneficiary drug premium covers prescription drugs only and does not cover medical or hospital benefits. Beneficiaries are also responsible for their Part B premium and any premiums for Medigap coverage to meet their individual needs.

Includes contracts/plans approved as of October 10, 2005. The data does not reflect information for PACE organizations, Employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Description		Cost					Coverage				Convenience
		Beneficiary Total Drug	No Premium with Full Low Income	Drug Deductible			Includes Tiered Copay-	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100	Mail On Lan
Ornanipation Name		Plan		7	Dadward	Standard	ments for	Generics	Generics and	Drugs on	Mail Order
Organization Name	Plan Name Aetna Medicare Rx Essentials	Premium*	Subsidy	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
Aetna Medicare	Aetna Medicare Rx Essentials  Aetna Medicare Rx Plus	\$31.13 \$41.35				•	•		-	85 85	•
	Aetna Medicare Rx Premier	\$56.69		•			•	•	-	97	•
Anthem Blue Cross and Blue Shield	Blue MedicareRx Value	\$20.90	•	•			•	•	-	88	•
	Blue MedicareRx Value  Blue MedicareRx Plus	\$20.90	•		-	•				88	•
	Blue MedicareRx Premier	\$36.87	1	•	1		•			96	•
CIGNA HealthCare	CIGNATURE Rx Value Plan	\$34.82	1	•	1		•	•		99	•
CIGNA RealthCare	CIGNATURE Rx Plus Plan	\$40.03		•	1	•	•	1		99	•
	CIGNATURE Rx Complete Plan	\$47.97		•	1		•	<del>-</del>		99	•
Coventry AdvantraRx	AdvantraRx Value	\$21.28		•			•	<del>                                     </del>		74	•
	AdvantaRx Premier	\$31.92	1	•	<b>—</b>		•			98	•
	AdvantaRx Premier Plus	\$44.59	1	•	<b>—</b>		•			98	•
First Health Premier	First Health Premier	\$25.54	•	-						98	-
Humana Inc.	Humana PDP Standard S5884-072	\$14.43	•							97	•
	Humana PDP Enhanced S5884-012	\$18.43					•			97	•
	Humana PDP Complete S5884-042	\$63.91		•			•		•	97	•
Medco Health Solutions, Inc.	YOURX PLAN	\$31.64					•			94	•
MEMBERHEALTH	Community Care Rx BASIC	\$30.79			t	•	•	İ		90	
	Community Care Rx CHOICE	\$38.87			t	•	•	İ		90	
	Community Care Rx GOLD	\$42.77			•		•	İ		90	
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	\$25.20	•	•	t		•	İ		77	•
	PacifiCare Select Plan	\$39.60		•			•			86	•
	PacifiCare Comprehensive Plan	\$44.54		•			•	•		77	•
Paramount Prescription Drug Plan	Medicare Drug	\$50.21				•				92	•
Prescription Pathway	Prescription Pathway Bronze Plan Reg 14	\$30.80				•				89	•
	Prescription Pathway Silver Plan Reg14	\$40.15				•	•			89	•
	Prescription Pathway Silver Plan Reg 14	\$40.23				•	•			89	•
	Prescription Pathway Gold Plan Reg 14	\$51.41		•			•			89	•
	Prescription Pathway Gold Plan Reg 14	\$51.47		•			•			89	•
	Prescription Pathway Platinum Plan Reg 14	\$68.05		•			•			97	•
Qcc d/b/a AmeriHealth Advantage Rx	AmeriHealth Advantage Rx Option I	\$22.14	•			•				88	
SilverScript	SilverScript	\$29.99	•			•	•			90	•
	SilverScript Plus	\$59.04			•		•			95	•
Sterling Plus Rx	Sterling Prescription Drug Plan	\$53.80			•		•			95	•
Unicare	Medicare RX Rewards	\$20.90	•			•	•			88	•
	Medicare RX Rewards Plus	\$29.08		•			•			88	•
	Medicare RX Rewards Premier	\$39.31		•			•	•		96	•
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	\$35.00		•			•			94	•
United Healthcare	AARP MedicareRx Plan	\$27.93	•	•			•			97	•
	United Medicare MedAdvance	\$30.06	•	•			•			97	•
WellCare	WellCare Signature	\$19.96	•	•			•			87	•
	WellCare Complete	\$41.56	1	•			•			84	•
	WellCare Premier	\$45.05		•			•			84	•